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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	920214.00002
<input type="checkbox"/> Declaration Submitted With Initial Filing	OR	First Named Inventor	Robert J. Collier
COMPLETE IF KNOWN			
		Application Number	10/572,989
		Filing Date	09/21/2004
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADRENERGIC RECEPTOR SNP FOR IMPROVED MILKING CHARACTERISTICS

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY) 21/09/2004 as United States Application Number or PCT InternationalApplication Number PCT/US04/30774 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

The address associated with Customer Number:

26735

OR

Correspondence address below

Name

Sara D. Vinarov

Address

PO Box 2113

City

Madison

State
WIZIP
53701-2113

Country

US

Telephone

608-251-5000

Email
svinarov@quarles.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventor

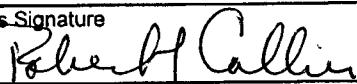
Given Name (first and middle [if any])

Family Name or Surname

Robert J.

Collier

Inventor's Signature



Date

1/24/07

Residence: City

State
AZCountry
USCitizenship
US

Mailing Address

4401 W. Mountain Side Drive

City

Tucson

State

AZ

Zip

85745

Country

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Michael M.

Lohuis

Inventor's Signature

Date

Residence: City
Des PeresState
MOCountry
USCitizenship
~~US~~ CANADA

Mailing Address

12959 Beaver Dam Road

City

Des Peres

State

MO

Zip

63131

Country

US

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Please type a plus sign (+) inside this box → **[+]**

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael D.		Grosz	
Inventor's Signature		Date	
Residence: City	Ellisville	State	MO
Country	US	Citizenship	US
Mailing Address 814 JB Hunt Court			
Mailing Address			
City	Ellisville	State	MO
ZIP	63021	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Country		Citizenship	
Mailing Address			
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ZIP		Country	
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ZIP		Country	

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	920214.00002
First Named Inventor	Robert J. Collier
<i>COMPLETE IF KNOWN</i>	
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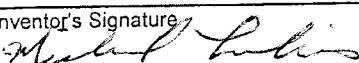
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Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	26735	OR <input type="checkbox"/> Correspondence address below
Name Sara D. Vinarov				
Address PO Box 2113				
City Madison		State WI	ZIP 53701-2113	
Country US		Telephone 608-251-5000	Email svinarov@quarles.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Robert J.			Family Name or Surname Collier	
Inventor's Signature				Date
Residence: City Tucson	State AZ	Country US	Citizenship US	
Mailing Address 4401 W. Mountain Side Drive				
City Tucson	State AZ	Zip 85745	Country US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael M.			Family Name or Surname Lohuis	
Inventor's Signature 				Date 1/30/07
Residence: City Des Peres	State MO	Country US	Citizenship US CANADA	
Mailing Address 12959 Beaver Dam Road				
City Des Peres	State MO	Zip 63131	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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Given Name (first and middle [if any])		Family Name or Surname	
Michael D.		Grosz	
Inventor's Signature			Date 1-24-07
Residence: City Ellisville	State MO	Country US	Citizenship US
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Mailing Address			
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